Exodus of Specialised Staff from AIIMS

7742. SHRI O.P. KOHLI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether senior specialists at the country's premier medical institute, All India Institute of Medical Sciences, New Delhi, are leaving it to either take up assignments abroad or to set up their private practices in search of more money;

(b) whether the exodus of senior specialists from the Institute is also attributed to the increasingly politicised atmosphere in the Institute; and

(c) if so, whether Government propose to take remedial masures to retain the credibility of this Insittute?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SI I AN KAR AN AND): (a) 13 faculties members have resigned or taken voluntary retirement over the last two years from AIIMS. It is, however, not known how many of them took up foreign assignments and how many started private practice.

(b) No, Sir.

(c) Docs not arise.

Efforts to Achieve Health for all by 2009 A.D.

7743. SHRI JAGMOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government or any of the agency or any independent Non-Governmental Organisation conducted any 'achievement-audit' of the Policy/ programme of achieving "health for All" by 2000 A.D.;

(b) if so, what are the findings thereof; and

(c) whether there is any proposal under consideration of Government to set up 'empowered village committees' or organise "national health-scount movement" to achieve better results and attain all targets of "Health for All" by 2000 A.D.?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) and (b) Health Care Programmes are centrally monitored. A statement showing the level of achievements is enclosed; *(see* below).

(c) No, Sir.

Statement

Coals for Health and family Welfare Programmes level as Quoided in National Health Policy Vis-A-Vis Achievements

SI. No.	Indicator	Level us quoted in NHP	Goals			Achievements		Latest avnilable figure*
			1985	1990	2000	1998		
1.	2	3	4	5	6	7		8
1.	Infant Mortality Kate:							
	Rural	136 (1978)	122			86		86.0
	Urban	70 (1978)	68			50 (final)		50.0
	Combined	125 (1978)	106	87	Below 60	80	80	(1991)
J.	Perinatal Mortality	67 (1976)			30-35	49.6	46.	(1991)
J.	Crude death rate	Around 14	12	10.4	9.0	9.6	9.8	(1991)
4.	Pre-school Child (1-5 Yrs.) * mortality	24 (1970-77)	20-24	15-20	10	26.5	26. 5	(1991)
5.	Maternal mortality	4-5 (1976)	3-4	2-3	Below 2	4	4	(1991)
6.	Life expectancy at birth (Yrs.)							

1.	2	3	4	5	6	7	8
	Male	52.6(1976-81)	55.1	57.6	64	58.1 (1986-91)	60.6 (1991-46)
	Female	51.6(1976-81)	54.3	57.1	64	59.1 (1986-91)	61.7 (1991-96)
7.	Babies with birth weight below	30	25	18 «	10	"~~	30
8.	Crude birth rate	Around 35	31	27.0	21.0	29.9	29.5
9.	Effective couple Protection tage)	23.6 (March, 82)	37.0	42.0	60.0	44.1 (March. 91)	
10.	Net reproduction rate (UMR)	1.48 (1981)	1.34	1.17	1.0	—	1.6
11.	Growth rate (annual)	2.24 (1971-81)	1.90	1.66	1.20		1.9 (1992)
12.	Family Size	4.4. (1975)	3.8		2.3	4.0 (1988)	
13.	Pregnant moth receiving ante-natal	40-50	50-60	60-75	100	60 (1988)	
14.	Deliveries by tained birth atten-	30-35	50	80	100	40-50 (1988)	40-50
15.	Immunization status (% coverage						
	Women	20	60	100		78.16	79.41 (1992-93)
	'IT (for school children)			\			
	10 years		40	100	100	60.5	60.5
	16 years	20	60	100	100	86.45	86.45
	DPT (Children) below 3 years)	25	70	85	85	98.19	90.28 (1992-93)
	Polio (infants)	5	50	70	85	101.51	96.46 (1992-93)
	ECG (infants)	65	70	. 80	85	101.51	96.46 (1992-93)
	DT (New school entrants 5-6 Years)	20	80	85	85	82.0	82.0
	5-6 years)	2	70	85	85	62.6 (1987-88)	62.6
16.	Leprosy-perseutage of disease rested cases out of these	20	40	60	80	65.0	74.86
17.	TD percentage of disease cases out of those detected	. 50	60	75	90	66	66
18.	Blindness prevalence (%)	1.4	1	0.7	1.49	1.49	—

* = cases cured after 1983 out of die 4 million estimated leprosy cases.
NHP = National Health Policy

Persons Suffering from Epilepsy

7744. SHRI CHATURANAN MISHRA:
SHRI N.E. BALARAM:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government consider apilepsy as incurable;

(b) if so, what kind of help is extended to apileptic patients to sustain their life;

(c) whether it is a fact that they are not treated as handicapped; and

(d) if so, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) and (b) Epilepsy is treatable. The patients are prescribed suitable drugs to control their attacks.